

Program Registration Form

One child and one program per application please. Make copies as needed. Forms are available on the Cincinnati Parks website: cincinnati-oh.gov/parks

Name _____

Age/Grade _____ Date of Birth _____

Phone _____ Emergency Phone _____

Address _____

_____ City _____ State _____ Zip _____

E-mail address (optional): _____

Location of Program / Nature Ctr. _____

Program Title _____

Session / Time Desired (if more than one offered) _____

Amount Enclosed \$ _____

Paying by _____ Check? Make checks payable to: *Treasurer, City of Cincinnati*

Paying by Credit Card? _____ Visa _____ Master Card _____

Card Number _____ Exp. Date _____

Cardholders Name as it appears on card: _____

Billing Name and Address _____

I hereby release and save harmless the Cincinnati Board of Park Commissioners and its employees from any and all liability for any injuries, loss, or other claims arising out of this program. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to administer treatment, including hospitalization, for my child as named above. I give permission for my child to be photographed and for his/her picture to be used without identification or compensation in Park publications.

Parent/guardian Signature _____

(Please print parent/guardian name) _____

*If your child has medical problems or allergies, **including food allergies**, please attach a note informing the program staff of the potential problem.*

To register, mail the form above with payment to:

**Bettman Natural Resources Center
4 Beech Lane, Cincinnati, OH 45208**